



VIRGINIA DEPARTMENT OF EDUCATION

SPEECH-LANGUAGE SEVERITY RATING SCALES

Severity rating scales are valuable tools for describing the child's speech-language impairment, communicating with eligibility and IEP team members, and assuring consistency among speech-language pathologists in the division. The presence of a severity rating on any of the four scales does not guarantee eligibility; rather, it describes the results of the speech-language assessment in consistent terms. The eligibility committee will consider the severity rating, in conjunction with other information, as it determines eligibility. Eligibility is based on (1) the presence of a speech-language impairment, (2) that has an adverse educational impact, and (3) that results in the need for special education (specialized instruction) and related services (services required for the student to benefit from special education). See the eligibility section of these guidelines for further information on eligibility.

Further, a particular severity rating does not specify or predict a certain level of service. The level of service is determined by the goals, objectives/benchmarks specified by the IEP team. See the IEP section of this manual for further information on IEP development and decision-making.

After indicating the severity rating in the columns, compare the rating score to the functional narrative. If the rating and overview do not match, consider the data used and select the functional narrative that best describes the student.

When completing ratings in multiple areas, complete all pages. Individual ratings are reviewed and functional narratives are selected to describe performance for each area. Service recommendations are based on the area with the most severe rating. Do not add or average separate rating scales to determine severity.

SEVERITY RATING SUMMARY SHEET

Name _____ DOB _____

Date Completed _____ Speech-Language Pathologist _____

Record points assigned for each factor considered in each area.

AREAS	FACTORS CONSIDERED				TOTAL POINTS	OVERALL FUNCTIONAL LEVEL
	A	B	C	D		
Articulation						
Language						
Voice						
Fluency						

Do not add or average separate rating scales to determine severity.
See individual severity rating scales for full description of factors considered and overall functional levels.

Overall Functional Level		
Level 0	0-3 points	No apparent problem
Level 1	4-6 points	Mild
Level 2	7-9 points	Moderate
Level 3	10-12 points	Severe

The presence of a severity rating on any of the four scales does not guarantee eligibility; rather, it describes the results of the speech-language assessment in consistent terms. The eligibility committee may consider the severity rating, in conjunction with other information, as it determines eligibility.

Eligibility is based on (1) the presence of a speech-language impairment,
(2) that has an adverse educational impact, and
(3) that results in the need for special education (specialized instruction) and related services (services to benefit from special education).

A particular severity rating does not specify or predict a certain level of service.

FLUENCY SEVERITY RATING SCALE

A fluency disorder is primarily characterized by repetitions (sounds, syllables, part words, whole words, phrases), pauses, and prolongations that differ in number and severity from those of normally fluent individuals. The onset usually occurs during the time that language skills are developing, and onset is generally gradual in nature. Secondary characteristics are frequently evident, and these vary in type and severity from individual to individual. The dysfluencies may interfere with intelligibility, social communication, and/or academic and vocational achievement.

Evaluation Data¹

The following measures are appropriate for use in determining the presence of a fluency impairment:

1. speech sample
2. total dysfluency index of the types and number of dysfluencies and secondary characteristics obtained in the language sample and a structured reading activity
3. contextual probes
4. structured observation
5. anecdotal records – impact of dysfluencies on oral/expressive language tasks
6. standardized tests
7. teacher report, interview, or checklist
8. student report, interview, or checklist
9. parent report, interview, or checklist

Note: Teacher, student, and parent reports, interviews, and checklists are not sufficient evidence by themselves and must be supported with additional data.

Best Practice: An assessment for a fluency disorder should include the following components:

- background information: a history of the development of the student's stuttering, family history of stuttering, etc.
- communication abilities: a report of his/her skills in the five parameters of communication – stuttering, articulation, voice, language, and hearing.
- oral-peripheral examination: a description of any atypical structures and the functional abilities of the oral mechanism.
- reports, interviews, checklists: completed by the parents, the student, and the teacher.
- structured observation: observation of student's speech and language during oral language activities in the classroom/school environment.

When considering a preschool-age child who is exhibiting dysfluent behavior, research indicates that the chances of success are greater the sooner a problem and its contributing factors are identified. When a preschool-aged child exhibits the following chronic non-fluent behaviors, it is likely the child will benefit from early intervention: the insertion of the schwa, uneven stress

¹ Adapted from Connecticut State Department of Education. (1999). Guidelines for Speech and Language Programs. Vol. II: Determining Eligibility for Special Education Speech and Language Services.

and rhythm, difficulty initiating and sustaining airflow, body tension and struggle behavior during speech, and the presence of significant predictors such as family history (Runyan, 2004).

Overall Functional Level

The speech-language pathologist should complete the attached rating scale first, adding the points assigned to each factor. Then the total points should be applied to the Fluency Severity Rating Scales Overall Functional Level for an overall severity rating.

Fluency Rating Scale

The fluency rating scale uses the following terminology:

- Description of dysfluency addresses the duration of pauses (from less than 1 second to more than 3 seconds) and number of reiterations per repetition (from less than 4 reiterations per repetition to 6 or more reiterations per repetition)
- Associated non-vocal behaviors means the presence of facial grimaces; visible tension of the head, neck, jaw, and/or shoulders; audible tension, as noted in uneven stress, pitch changes, increased rate, or tension during inhalation or exhalation

For preschool children, the consideration of the adverse effect should be based on the effect of the fluency impairment on the child's developmental skills in play, adaptive/self-help, communication, social-emotional, cognitive, and sensori-motor.

FLUENCY RATING SCALE

OVERALL FUNCTIONAL LEVEL

Level 0 (0 – 3 points) No apparent problem	Dysfluencies are primarily characterized by easy whole word repetitions that comprise less than 4% dysfluent speech behaviors per minute or less than 3 dysfluencies per minute. The student's speech and language skills during educational activities are consistently understood and not distracting to the listener. Student's verbal participation in educational activities is not limited by self-consciousness about listener reaction to his/her speech.
Level 1 (4 – 6 points) Mild	Dysfluencies are transitory and characterized by easy repetitions, prolongations and some hesitations that comprise 4-5% dysfluent speech behaviors per minute or 3-5 dysfluencies per minute. Blocking, if it occurs, is less than a full second. Tension is noticeable but dysfluencies and tension are not distracting to the listener. Student does not usually avoid speaking situations and participates in oral language activities. Student's verbal participation in educational activities may occasionally be limited by self-consciousness about listener reactions to his/her speech.
Level 2 (7 – 9 points) Moderate	Dysfluencies are frequent and characterized by repetitions, prolongations, and some hesitations/interjections, and blocking that comprise 6-10% dysfluent speech behaviors per minute or 6-10 dysfluencies per minute. Tension is noticeable, distracting to the listener. Associated behaviors, such as grimacing, and other distracting behaviors are evident during speaking situations. Student is aware of dysfluent speech and avoids some speaking situations and oral language activities. Student's verbal participation in educational activities is impacted by self-consciousness about listener reactions to his/her speech.
Level 3 (10 - 12 points) Severe	Dysfluencies are habitual and are characterized by repetitions, prolongations, hesitations/interjections, and blocking that lasts 3 or more seconds. Dysfluencies comprise greater than 10% dysfluent speech behaviors per minute or 10 or more dysfluencies per minute. There is evidence of significant vocal tension, some noticeable tremors, and noticeable associated behaviors that are distracting to the listener. Student generally avoids speaking situations and oral language activities. Student's verbal participation in educational activities is significantly impacted by self-consciousness about listener reactions to his/her speech.

FLUENCY SEVERITY RATING SCALE

Factors		No Apparent Problem (0 pts)	Mild (1 pt)	Moderate (2 pts)	Severe (3 pts)	Points Assigned
A	Frequency of Dysfluency	Less than 4% vocal dysfluencies per speaking minute OR less than 3 dysfluencies per minute	4% vocal dysfluencies per speaking minute OR 3 – 5 dysfluencies per minute	6 – 10% vocal dysfluencies per speaking minute OR 6 – 10 dysfluencies per minute	10% or more vocal dysfluencies per minute OR 10 or more dysfluencies per minute	
B	Description of Dysfluency	<p>Primarily whole multisyllabic word repetitions Occasional whole-word interjections and phrase/sentence revisions</p> <p>Less than 1 second pauses OR less than 4 reiterations</p>	<p>Transitory dysfluencies in specific speaking situations including repetitions, prolongations, blocks, hesitations or interjections, and vocal tension.</p> <p>1 second pauses OR 4 reiterations</p>	<p>Frequent dysfluencies in many speaking situations including repetitions, prolongations, blocks in which sounds and airflow are shut off, hesitations or interjections and vocal tension</p> <p>2 second pauses OR 5 reiterations</p>	<p>Habitual dysfluencies in a majority of speaking situations, including repetitions, prolongations, blocks (long and tense with some noticeable tremors), hesitations or interjections, and vocal tension</p> <p>3 or more second pauses OR 6 or more reiterations</p>	
C	Associated Non-vocal Behaviors	No associated behaviors	One associated behavior that is noticeable but not distracting	One associated that is noticeable and distracting	Two or more associated behaviors that are noticeable and distracting	
D	Avoidance	Does not avoid speaking situations	Usually does not avoid speaking situations	Does avoid some speaking situations	Generally avoids speaking situations	
					TOTAL POINTS	